

North Carolina Medicaid Bulletin

An Information Service of the Division of Medical Assistance

Published by EDS, fiscal agent for the North Carolina Medicaid Program

Number 4

April 1997

Attention: All Providers

Holiday observance

The Division of Medical Assistance (DMA) and EDS will be closed on Monday, May 26 1997, in observance of Memorial Day.

EDS

1-800-688-6696 or 919-851-8888

Attention: Ambulance and Hospital Providers

Billing reminder for ambulance services

Only those providers enrolled in the North Carolina Medicaid Program as ambulance providers will be reimbursed for ambulance services rendered to Medicaid recipients. Hospitals should not bill for ambulance services under their hospital provider number.

Ambulance providers bill on the UB-92 claim form and enter their assigned ambulance provider number in form locator 51. Hospital provider numbers should not be placed in this form locator when ambulance services are billed.

Hospitals requiring enrollment of their ambulance providers should contact DMA Provider Enrollment at 919-733-2130.

EDS

1-800-688-6696 or 919-851-8888

Attention: Ambulance Providers

Ambulance policy clarification: Transport following seizures

Transport of the stable individual following a seizure can usually be done by means of transportation other than an ambulance. Ambulance transport may be reimbursed if there is medical necessity, i.e., transport by other means might endanger the life of the individual, such as seizures caused by cardiac arrhythmia, etc. Judgment should be exercised in making the determination.

The seizure does not have to be witnessed by the Emergency Medical Technician (EMT) in order for ambulance transport to be reimbursed. However, the seizure should be a witnessed event with the witness describing the event in detail.

Call reports must describe the recipient's condition in sufficient detail to support medical necessity of the transport. Without clear documentation, the payment will be recouped. Call reports must be kept for a period of not less than five years and be readily available upon request.

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1-800-688-6696 or 919-851-8888

Providers are responsible for informing their billing agency of information in this bulletin.

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Attention: All Providers**Type of service for radiation treatment management codes**

In the September 1996 Medicaid Bulletin providers were instructed to use Type of Service (TOS) 04 in block 24C on the HCFA-1500 claim form when billing radiation treatment management codes 77419-77431. As an alternative to this TOS, providers may use TOS "06" in block 24C of the HCFA-1500 claim form.

Reimbursement for either TOS 04 or 06 will be based on the professional component. For specific billing tips, refer to pages 5-7 of the September 1996 Medicaid Bulletin.

Claims that have been previously denied because TOS 06 was not used can be resubmitted as a new claim with either TOS "04" or "06".

EDS

1-800-688-6696 or 919-851-8888

Attention: Durable Medical Equipment Providers**Billing for replacement sling/seat for rental patient lift**

This is a reminder that replacing a sling or seat for a rented patient lift is considered part of the rental payment. As noted in Section 6.1 and Section 6.7 of the Medicaid Durable Medical Equipment Manual, service and repairs to rental items are provided as part of the rental agreement with no additional charge to Medicaid. Claims for E0621 "sling or seat, patient lift, canvas or nylon" will be denied if the date of service is during the month that a rental payment is made for E0630 "patient lift hydraulic, with seat or sling". If a claim for E0621 is paid and a rental claim is later paid for E0630 for a date of service within the same month, the payment for E0621 will be recouped.

EDS

1-800-688-6696 or 919-851-8888

Attention: All Providers**Reminder: 1997 Medicaid Fair**

This is the last month attendees may pre-register for the 1997 Medicaid Fair. ***Pre-registration information must be received by EDS no later than April 18, 1997.*** The registration fee increases from \$20.00 to \$30.00 per person after this deadline. If your office did not receive the Medicaid Fair Special Bulletin mailed to providers in January 1997, contact EDS Provider Services at 1-800-688-6696 or 919-851-8888.

This year's fair will be at the Holiday Inn Four Seasons (Joseph S. Koury Convention Center) in Greensboro, North Carolina on Tuesday, May 20, 1997. The following is a schedule of events:

- | | |
|-------------------------|---|
| ⌚ 7:00 a.m. - 8:45 a.m. | Registration packets for pre-registered attendees and registration for non-registered attendees will be available in the ballroom. At 9:00 a.m. the remaining packets will be distributed in the lobby. On-site registration will also continue in the lobby. |
| ⌚ 8:45 a.m. - 4:00 p.m. | Seminars will be conducted |
| ⌚ 9:30 a.m. - 3:30 p.m. | Booths will be open in the ballroom |

EDS

1-800-688-6696 or 919-851-8888

Attention: All Providers

Medicaid eligibility information

Form letters sent to Medicaid recipients should not be considered by providers as proof of eligibility. Eligible recipients receive monthly Medicaid identification (MID) cards as well as special form letters which advise of eligibility approval or changes in eligibility status.

Form letters provide notice of:

- Medicaid approval and dates of eligibility
- Approval of continuing eligibility following a review
- Recipient financial responsibility for cost of care (deductible/patient monthly liability)
- Withdrawal or denial of an application
- Termination of benefits and the effective date

The form letters contain only the name of the responsible person and do not list all eligible persons. These letters to recipients should not be used as proof of eligibility and are not a guarantee of claims payment.

Medicaid eligibility for the date of service should be verified from:

- Medicaid Identification (MID) card
- EDS Voice Inquiry System, 1-800-723-4337
- EDI Vendors
- Blue Cross/Blue Shield Terminal Network
- DMA Eligibility Information Hotline, 1-800-662-7547 (MID number and/or verification for dates of service over one year only)

Claims payment is guaranteed by presenting a copy of a valid MID card or by documentation maintained by the EDS Voice Inquiry System or DMA Eligibility Information Hotline for the date(s) of service billed.

DMA Claims Analysis Unit
919-733-4600

Attention: Durable Medical Equipment Providers

Billing for supplies related to rental durable medical equipment

Section 6.1 of the North Carolina Medicaid Durable Medical Equipment (DME) Manual states that monthly rental payments for DME cover all related supplies required for the patient's use of that equipment.

Beginning with claims processed April 1, 1997, controls in the processing system will help providers avoid the receipt of erroneous payments for supplies for several rental items. The following list shows the rental item and the related supplies that are part of the rental payment. The supplies are not covered separately. If a claim for one of the listed related supplies has a date of service within the same month for which a rental payment claim has been paid, the claim will be denied. If the claim for the rental payment is processed after a related supply claim has been paid for the month, the payment for the related supplies will be recouped.

This is not a change in policy. If you have previously received reimbursement for supplies used with DME rental items, you are expected to refund EDS for those supplies.

<i>If a rental payment is made for:</i>		<i>These supplies are not covered separately:</i>	
E0424	Stationary compressed gaseous oxygen system, rental: includes contents (per unit), regulator, flowmeter, humidifier, nebulizer, cannula or mask and tubing. One unit = 50 cu. ft.	A4615	Cannula, nasal
		A4616	Tubing, oxygen, per foot
E0431	Portable gaseous oxygen system, rental: includes regulator, flowmeter, humidifier, cannula or mask and tubing	A4615	Cannula, nasal
		A4616	Tubing, oxygen, per foot
E0434	Portable liquid oxygen system, rental: includes portable container, supply reservoir, humidifier, flowmeter, refill adapter, contents gauge, cannula or mask and tubing	A4615	Cannula, nasal
		A4616	Tubing, oxygen, per foot
E0439	Stationary liquid oxygen system, rental: includes use of reservoir, contents (per unit), regulator, flowmeter, humidifier, nebulizer, cannula or mask and tubing. One unit = 10 lbs.	A4615	Cannula, nasal
		A4616	Tubing, oxygen, per foot
E0450	Volume ventilator, stationary or portable	A4611	Battery, heavy duty; replacement for patient owned ventilator
		A4612	Battery cables; replacement for patient owned ventilator
		A4613	Battery charger; replacement for patient owned ventilator
		A4618	Breathing circuits
E0452	Intermittent assist device with continuous positive airway assist device (CPAP)	K0183	Nasal application device, used with CPAP device
		K0184	Nasal pillows/seals, replacement for nasal application device, pair
		K0185	Headgear, used with CPAP device
		K0186	Chin strap, used with CPAP device
		K0187	Tubing, used with CPAP device
		K0188	Filter, disposable, used with CPAP device
		K0189	Filter, nondisposable, used with CPAP device

(Billing for supplies related to rental DME Continued)

<i>If a rental payment is made for:</i>		<i>These supplies are not covered separately:</i>	
E0453	Therapeutic ventilator; suitable for use 12 hours or less per day	A4611	Battery, heavy duty; replacement for patient owned ventilator
		A4612	Battery cables; replacement for patient owned ventilator
		A4613	Battery charger; replacement for patient owned ventilator
		A4618	Breathing circuits
		K0183	Nasal application device, used with CPAP device
		K0184	Nasal pillows/seals, replacement for nasal application device, pair
		K0185	Headgear, used with CPAP device
		K0186	Chin strap, used with CPAP device
		K0187	Tubing, used with CPAP device
		K0188	Filter, disposable, used with CPAP device
		K0189	Filter, nondisposable, used with CPAP device
E0500	IPPB machine, all types, with built-in nebulization; manual or automatic valves; internal or external power source	A4617	Mouthpiece
		A4618	Breathing circuits
E0570	Nebulizer with compressor	A4617	Mouthpiece
		K0168	Administration set, small volume non-filtered pneumatic nebulizer, disposable
		K0169	Small volume non-filtered pneumatic nebulizer, disposable
		K0178	Filter, disposable, used with aerosol compressor
		K0180	Aerosol mask used with DME nebulizer
E0601	Continuous airway pressure (CPAP) device	K0183	Nasal application device, used with CPAP device
		K0184	Nasal pillows/seals, replacement for nasal application device, pair
		K0185	Headgear, used with CPAP device
		K0186	Chin strap, used with CPAP device
		K0187	Tubing, used with CPAP device
		K0188	Filter, disposable, used with CPAP device
		K0189	Filter, nondisposable, used with CPAP device

(Billing for supplies related to rental DME continued)

<i>If a rental payment is made for:</i>		<i>These supplies are not covered separately:</i>	
E0608	Apnea monitor	A4556	Electrodes (e.g. apnea monitor), set of 2
		A4557	Lead wires (e.g., apnea monitor), set
		W4046	Disposable electrodes (apnea monitor)
E0720	TENS, two lead, localized stimulation	A4556	Electrodes (e.g., apnea monitor), set of 2
		A4557	Lead wires (e.g., apnea monitor), set
		A4595	TENS supplies, 2-lead, per month
E0730	TENS, four lead, larger area/multiple nerve stimulation	A4556	Electrodes (e.g. apnea monitor), set of 2
		A4557	Lead wires (e.g., apnea monitor), set
		A4595	TENS supplies, 2-lead, per month
E1377	Oxygen concentrator, high humidity system equivalent to 244 cu. ft.	A4615	Cannula, nasal
		A4616	Tubing, oxygen, per foot
E1378	Oxygen concentrator, high humidity system equivalent to 488 cu. ft.	A4615	Cannula, nasal
		A4616	Tubing, oxygen, per foot
E1379	Oxygen concentrator, high humidity system equivalent to 732 cu. ft.	A4615	Cannula, nasal
		A4616	Tubing, oxygen, per foot
E1380	Oxygen concentrator, high humidity system equivalent to 976 cu. ft.	A4615	Cannula, nasal
		A4616	Tubing, oxygen, per foot
E1381	Oxygen concentrator, high humidity system equivalent to 1220 cu. ft.	A4615	Cannula, nasal
		A4616	Tubing, oxygen, per foot
E1382	Oxygen concentrator, high humidity system equivalent to 1464 cu. ft.	A4615	Cannula, nasal
		A4616	Tubing, oxygen, per foot
E1383	Oxygen concentrator, high humidity system equivalent to 1708 cu. ft.	A4615	Cannula, nasal
		A4616	Tubing, oxygen, per foot
E1384	Oxygen concentrator, high humidity system equivalent to 1952 cu. ft.	A4615	Cannula, nasal
		A4616	Tubing, oxygen, per foot
E1385	Oxygen concentrator, high humidity system equivalent to over 1952 cu. ft.	A4615	Cannula, nasal
		A4616	Tubing, oxygen, per foot
E1400	Oxygen concentrator, manufacturer specified maximum flow rate does not exceed 2 liters per minute, at 85% or greater concentration	A4615	Cannula, nasal
		A4616	Tubing, oxygen, per foot
E1401	Oxygen concentrator, manufacturer specified maximum flow rate greater than 2 liters per minute, does not exceed 3 liters per minute, at 85% or greater concentration	A4615	Cannula, nasal
		A4616	Tubing, oxygen, per foot
E1402	Oxygen concentrator, manufacturer specified maximum flow rate greater than 3 liters per minute, does not exceed 4 liters per minute, at 85% or greater concentration	A4615	Cannula, nasal
		A4616	Tubing, oxygen, per foot

(Billing for supplies related to rental DME continued)

<i>If a rental payment is made for:</i>		<i>These supplies are not covered separately:</i>	
E1403	Oxygen concentrator, manufacturer specified maximum flow rate greater than 4 liters per minute does not exceed 5 liters per minute, at 85% or greater concentration	A4615	Cannula, nasal
		A4616	Tubing, oxygen, per foot
E1404	Oxygen concentrator, manufacturer specified maximum flow rate greater than 5 liters per minute, at 85% or greater concentration	A4615	Cannula, nasal
		A4616	Tubing, oxygen, per foot
W4050	Second oxygen concentrator	A4615	Cannula, nasal
		A4616	Tubing, oxygen, per foot
E0784	External ambulatory infusion pump, insulin	A4230	Infusion set for external insulin pump, non-needle cannula type
		A4231	Infusion set for external insulin pump, needle type
		A4232	Syringe with needle for external insulin pump, sterile, 3 cc
		W4607	Special surface dressings, 4x4 or smaller (scarlet red, Xeroform, petroleum, Bioclusive, Adaptive, and transparent type, such as Tegaderm or Opsite)
		W4608	Special surface dressings, larger than 4x4 (scarlet red, Xeroform, petroleum, Bioclusive, Adaptive, and transparent type, such as Tegaderm or Opsite)
		W4672	Gray adapter for use with external insulin pump
		W4673	Piston rod for use with external insulin pump
		W4674	Battery for use with external insulin pump

EDS**1-800-688-6696 or 919-851-8888**

Attention: Durable Medical Equipment Providers**Rate changes**

Rates for the following codes have been *decreased* effective with date of service April 1, 1997. Please make these rate changes on your DME fee schedule.

HCPCS Code	Description	Rent TOS E	New TOS N	Used TOS U
A4622	Tracheotomy or laryngectomy tube		48.70	
A4637	Replacement tip, cane, crutch, walker, each		2.03	
E0110	Crutches, forearm, includes crutches of various materials, adjustable or fixed, pair,		71.38	53.55
E0111	Crutch, forearm, includes crutches of various materials, adjustable or fixed, each,		43.18	33.32
E0114	Crutches underarm, aluminum, adjustable or fixed, pair, with pads, tips and handgrips		38.26	28.92
E0130	Walker, rigid (pickup), adjustable or fixed height		63.04	47.28
E0135	Walker, folding (pickup), adjustable or fixed height		79.97	61.35
E0141	Walker, wheeled, without seat		109.97	82.48
E0143	Folding walker, wheeled, without seat		101.20	72.95
E0176	Air pressure pad or cushion, nonpositioning (for wheelchair)	11.48	86.84	74.65
E0179	Dry pressure pad or cushion, nonpositioning	1.19	11.41	8.98
E0180	Pressure pad, alternating with pump	20.72		
E0196	Gel pressure mattress	30.99		
E0235	Paraffin bath unit, portable	15.72		
E0255*	Hospital bed, variable height, hi-lo, with any type side rails, with mattress	100.52		
E0260*	Hospital bed, semi-electric (head and foot adjustment) with any type side rails, with mattress	136.14		
E0271	Mattress, innerspring		211.78	165.45
E0272	Mattress, foam rubber		193.03	144.08
E0290	Hospital bed, fixed height, without side rails, with mattress	62.76		

HCPCS Code	Description	Rent TOS E	New TOS N	Used TOS U
E0480*	Percussor, electric or pneumatic, home model	37.45		
E0550	Humidifier, durable for extensive supplemental humidification during IPPB	47.81		
E0600	Suction pump, home model, portable	43.67		
E0630*	Patient lift hydraulic, with seat or sling	97.18		
E0720*	Tens, two lead, localized stimulation	35.06	350.61	262.95
E0730*	Tens, four lead, larger area/multiple nerve stimulation	35.34	353.45	265.09
E0910	Trapeze bars, aka patient helper, attached to bed, with grab bar	16.21		
E0964	3" cushion, for wheelchair		75.62	56.74
E1091*	Youth wheelchair, any type	79.52		

* Requires Prior Approval

Attention: Home Health Providers

Seminars

Home Health seminars will be held in June 1997. The May Medicaid Bulletin will have the registration form for the seminars and a list of site locations. Please suggest topics you would like addressed at the seminars. List topics and issues below and mail this information to:

Home Health Provider Representative
EDS
P.O. Box 300009
Raleigh, NC 27622

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Attention: Hearing Aid Providers

Individual visits

EDS is offering individual provider visits for all Hearing Aid Providers. If there are any questions regarding general Medicaid guidelines, policy changes, billing information, or claims follow-up procedures, please complete and return the form below. An EDS Provider Representative will contact you to schedule a visit.

(cut and return request form only)

Hearing Aid Provider Visit Request Form
(No Fee)

Provider Name _____ Provider Number _____

Address _____ Contact Person _____

City, Zip Code _____ County _____

Telephone Number _____ Date _____

List any specific concerns you would like us to address in the space provided below:

Return to: Provider Relations
 EDS
 P.O. Box 300009
 Raleigh, NC 27622

Checkwrite Schedule

April 8, 1997	May 6, 1997	June 10, 1997
April 15, 1997	May 13, 1997	June 17, 1997
April 24, 1997	May 20, 1997	June 26, 1997
	May 29, 1997	

Electronic Cut-Off Schedule *

April 4, 1997	May 2, 1997	June 6, 1997
April 11, 1997	May 9, 1997	June 13, 1997
April 18, 1997	May 16, 1997	June 20, 1997
	May 23, 1997	

* *Electronic claims must be transmitted and completed by 5:00 p.m. on the cut-off date to be included in the next checkwrite as paid, denied, or pended. Any claims transmitted after 5:00 p.m. will be processed on the second checkwrite as paid, denied, or pended following the transmission date.*

Paul R. Perruzzi, Acting Director
Division of Medical Assistance
Department of Human Resources

James R. Clayton
Executive Director
EDS

<p>Bulk Rate U.S. POSTAGE PAID Raleigh, N.C. Permit No. 1087</p>



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